販賣業藥商(醫療器材商)許可執照申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 名稱 | | | |  | | | | | | 電話 |  | | | | | | | | | | | | |
| 藥商電腦編碼（本欄由衛生局承辦人員填寫） | | | | | | | | | | |  |  | | |  |  |  |  |  |  |  |  | |
| 營業項目 | □中藥（批發、零售、調劑、輸出） | | | | | | | | | | | | | | | | | | | | | | |
| □西藥（批發、零售、輸入、輸出） | | | | | | | | | | | | | | | | | | | | | | |
| □醫療器材（批發、零售、輸入、輸出） | | | | | | | | | | | | | | | | | | | | | | |
| 地址 | 縣市 鄉鎮市區 村里  路街 段 巷 弄 號 樓 | | | | | | | | | | | | | | | | | | | | | | |
| 負責人 | 姓名 |  | | | | | | 性別 |  | | | | 年月日  出生 | | |  | | | | | | |
| 業名稱  專門職 |  | | | | 字號  證書 | |  | | | | | 照字號  執業執 | | |  | | | | | | | |
| 統一編號  身分證 |  | | | | 地址 | |  | | | | | | | | | | | | | | | |
| 聘請執業人員 | 姓名 |  | | | | | | 性別 |  | | | | | 年月日  出生 | |  | | | | | | | |
| 業名稱  專門職 |  | | | | 字號  證書 | |  | | | | | | 照字號  執業執 | |  | | | | | | | |
| 統一編號  身分證 |  | | | | 地址 | |  | | | | | | | | | | | | | | | |
| 申請人： 簽章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 審查意見 | 局長 | |  | | 科長 | |  | | | | | | 承辦人 | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

註：申請設立應附文件詳閱背面。